

**CHILD AND ADULT CARE FOOD PROGRAM  
MEAL BENEFIT INCOME ELIGIBILITY FORM (Adult Care)  
FISCAL YEAR 2012**

**CACFP MEAL BENEFIT INCOME ELIGIBILITY LETTER  
(ADULT CARE CENTER)**

Dear Participant/Guardian:

The CACFP offers meal reimbursements to adult day care facilities which provide structured comprehensive services to nonresidential adults who are functionally impaired, or age 60 and older. By completing the attached Meal Benefit Income Eligibility Form, the centers will be able to receive reimbursement, which is based on the number of enrolled participants that are eligible for free or reduced price meals. A household with income less than or equal to the income chart for reduced-priced meals below is eligible for free or reduced-priced meals. In order for the center to be considered eligible for free and reduced-price meals based on income, an application must contain complete documentation of eligibility information including total current household income, names of all household members, the social security numbers of the household member who signs the application, or the word "None" and the date and signature of the adult household member who completed the application. The information will be kept confidential and only available to staff directly connected with administering the CACFP. The participant in the adult day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart:

Household size	Yearly
1	\$20,147
2	\$27,214
3	\$34,281
4	\$41,348
5	\$48,415
6	\$55,482
7	\$62,549
8	\$69,616
Each additional person:	\$ 7,067

If an adult participant is a member of a food stamp or FDPIR household or is a SSI or Medicaid participant, the adult participant is automatically eligible to receive free Program meal benefits, subject to the completion of the application. Participants having family members who become unemployed are eligible for free or reduced-price meals during the period of unemployment; provided that the loss of income causes the family income during the period of unemployment to be within the eligibility for those meals.

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**Privacy Act Statement (This explains how we will use the information you give us):** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

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**Non-discrimination Statement (This explains what to do if you believe you have been treated unfairly):** "In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

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**PLEASE COMPLETE THE REVERSE SIDE OF THIS FORM**

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**Part 1. All Household Members - Name of Enrolled Adult(s):**

Names of Adult Participants (First, Middle Initial, Last)	CHECK IF NO INCOME
	<input type="checkbox"/>
	<input type="checkbox"/>
	<input type="checkbox"/>

**Part 2. Benefits:** If any member of your household received SNAP, FDPIR, State SSI or AHCCCS, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_

**Part 3. Total Household Gross Income (income before any deductions) —You must tell us how much and how often**

A. Name (List all people living in the household, including spouse and/or children)	B. Gross income and how often it was received: identify weekly, every other week, monthly, yearly...			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	how much/how often	how much/how often	how much/how often	how much/how often
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____

**Part 4. Signature and Last Four Digits of Social Security Number:** A responsible adult must sign this form. **If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or write the word None if the signer doesn't have a Social Security Number.** (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign here: \_\_\_\_\_ Print name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last four digits of Social Security Number: \_ \* \_ \* - \_ \* \_ - \_\_\_\_\_ If no SSN, write the word "None." \_\_\_\_\_

**Part 5. Participant's ethnic and racial identities (optional):**

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander

**Don't fill out this part. This is for official use only:**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per: ☐ Week, ☐ Every 2 Weeks, ☐ Twice A Month, ☐ Month, ☐ Year      Household size: \_\_\_\_\_

Categorical Eligibility:    Free \_\_\_\_\_    Reduced \_\_\_\_\_    Paid \_\_\_\_\_

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Instructions For Completing The CACFP Meal Benefit Income Eligibility Form**

**Follow these instructions, if your household gets SNAP, FDPIR, SSI or AHCCCS:**

- Part 1:** List only the adult participants' names.  
**Part 2:** List the case number for any household member receiving SNAP or FDPIR or SSI or AHCCCS benefits.  
**Part 3:** Skip this part.  
**Part 4:** Sign the form. The last four digits of a Social Security Number is not necessary.  
**Part 5:** Answer this question if you choose.

**ALL OTHER HOUSEHOLDS, follow these instructions:**

- Part 1:** List only the adult participants' names. For any participant with no income, you must check the "No Income Box."  
**Part 2:** Skip this part.  
**Part 3:** Follow these instructions to report total household income from this month or last month:  
**Column A–Name:** List only the first and last name of **each** person living in your household, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if needed.  
**Column B – Gross Income and How Often it was Received:** For each **household member who is a spouse, or dependent of the participant**, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month or monthly:  
**In Box 1:** List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.  
**In Box 2:** List the amount each person got from the month from welfare, child support, and alimony.  
**In Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits.  
**In box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. For ONLY the self-employed, under *Earnings From Work*, report income after expenses. This is for your business, farm or rental property. Do not include income from DES Food Stamps, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.  
**Part 4:** A responsible adult must sign the form and list the last four digits of his or her Social Security Number.  
**Part 5:** Answer this question if you choose.